BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	mvengon enudea:									
Insert Title:	DIALYZING S	YSTEM A	ND METHOD	OF OPERATI	NG THE SAME					
Fill in Appropriate Information -	the specification of which is attached hereto. If not attached hereto, the specification was filed onas United States Application Number:									
For Use Without Specification	United States Applic	ation Number	r		; (if applicable) and/or					
Attached:	the specification was			as PCT						
•	International Applic	ation Number	·		; and was					
	amended under PCT Article 19 on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as									
	tentability as defined United States of Americ fore my or our inventi the United States of subject of an inventor' erica on an application	ed in Title 37, Code of Federal erica before my or our invention ntion thereof or more than one of America more than one year or's certificate issued before the ation filed by me or my legal ion, and that no application for								
	representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:									
I	Prior Foreign Applicat	ion(s)			Priority Claimed					
Insent Priority Information:	2001-041504	Japa	n	February	<u> 19, 2001</u>	X	П			
(if appropriate)	(Number)	(Country)		(Month/Day		Yes	No			
Ü	2001-354236	Japa	n	November	20, 2001	X				
1 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No			
Ü										
, ,	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No			
	(Number)	(Country)		(Month/Day	/Year Filed)	∐ Yes	□ No			
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.									
Insert Provisional Application(s): (if any)	(Application Number)			(Filing D	ate)					
	(Application Number)			(Filing D	(Filing Date)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country		Application Number	er	Date of Filing (Month	/Day/Year)				
Insert Requested Information: (if appropriate)										
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below an insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PC application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to discloinformation which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
Insert Prior U.S.										
Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patented, per	nding, abandon	ed)			
Page 1 of 2 (Rev. 06/29/01)	(Application Number)		(Filing Date)		(Status - patented, pe	nding, abandon	ed)			

Attorney Docket No. 0020-4958P

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

full Name of First or Sole Inventor: nsert Name of inventor resert Date This Document is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	•	DATE*						
Inventor → nsert Date This Document is Signed	Ichiro TAKAI	Ichiro Taba	zù	February 5, 2002						
nsert Residence	Residence (City, State & Country)		CITIZENSHI							
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nsert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)									
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ull Name of Third Inscentor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
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ull Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
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ull Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
	Residence (City, State & Country)	CITIZENSHI	CITIZENSHIP							
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ull Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
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